## MULTIPLE DEPENDENT CLAIM SERIAL NO FILING DATE FEE CALCULATION SHEET 552967 APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER I AMENDMENT I"AMENDMENT AS FILED 2 MAMENDMENT AFTER IND. DEP. 3 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51 52 53 54 55 56 2 3 4

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